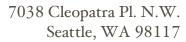


7038 Cleopatra Pl. N.W. Seattle, WA 98117

(206) 789-1985

Hand-in-Hand Student Application	Form Application Date: \$25 App. Fee Paid
CHILD'S FULL NAME	
CHILD'S PRIMARY ADDRESS _	
	OWING SCHOOL YEARto
APPROXIMATE START DATE:_	
DESIRED SCHEDULE AND DAYS	S OF THE WEEK
STUDENT INFORMATION:	
Date of birthA	Age at time of enrollment
Most recent school	
Reason for leaving	
PARENT/GUARDIAN INFORMA	ΓΙΟΝ:
Parent/Guardian Name	Parent/Guardian Name
Home Address	Home Address
Home Phone	Home Phone
Email Address	Email Address





(206) 789-1985

PLEASE TAKE A MOMENT TO ANSWER THE FOLLOWING QUESTIONS:

How did you hear about Hand In Hand?	
Why have you chosen to apply to Hand In Hand?	
What do you feel is the best learning environment for your child?	
What words would best describe your child?	
What is your understanding of the Montessori Philosophy?	
How do you feel about, and what are your ideas concerning parent involvement?	